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| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Thomas First name A. Middle name Kotsakis, Jr. Last name and Suffix (Sr., Jr., II, III) | Kristin First name M. Middle name Kotsakis Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3475 | xxx-xx-1193 |

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Debtor 1 Thomas A. Kotsakis, Jr. Debtor 2 Kristin M. Kotsakis

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | | |
|--|---|---|---|--|--|--|
| 4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | | ■ I have not used any business name or EINs. Business name(s) | ■ I have not used any business name or EINs. Business name(s) | | | |
| | doing business as names | EINs | EINs | | | |
| 5. | Where you live | 218 Regency Court West | If Debtor 2 lives at a different address: | | | |
| | | St. Charles, IL 60175 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | | |
| | | Kane County | County | | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | | | |

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Debtor 2 Kristin M. Kotsakis Case number (if known) Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy 7. The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ■ No. bankruptcy within the last 8 years? ☐ Yes. When Case number District When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When Case number, if known District Debtor Relationship to you When District Case number, if known Do you rent your Go to line 12. ☐ No. residence? Has your landlord obtained an eviction judgment against you and do you want to stay in your residence? Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this bankruptcy petition.

Debtor 1

Thomas A. Kotsakis, Jr.

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| | tor 1 Thomas A. Kotsak tor 2 Kristin M. Kotsaki | | Docum | Case number (if known) | | | | |
|--|--|---|---|---|--|--|--|--|
| | | | | | | | | |
| Part | Report About Any Bu | sinesses | You Own as a Sole Proprie | tor | | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | No. Go to Part 4. | | | | | |
| | | ☐ Yes. | Name and location of bus | siness | | | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | | |
| If you have more than one sole proprietorship, use a separate sheet and attach | | | | | | | | |
| it to this petition. Check the appropriate box to describe your business: | | | | | | | | |
| ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) | | | | | | | | |
| | | ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) | | | | | | |
| | | | ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A)) | | | | | |
| | | | ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6)) | | | | | |
| | | | ☐ None of the above | е | | | | |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor so that if deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, in 11 U.S.C. 1116(1)(B). | | | a small business debtor, you must attach your most recent balance sheet, statement of | | | | | |
| | For a definition of small | ■ No. | I am not filing under Chap | oter 11. | | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter Code. | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | | |
| | | ☐ Yes. | I am filing under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| Part | t 4: Report if You Own or | Have Any | Hazardous Property or An | y Property That Needs Immediate Attention | | | | |
| 14. | Do you own or have any | ■ No. | | | | | | |
| | property that poses or is | | | | | | | |
| | alleged to pose a threat of imminent and | ☐ Yes. | What is the hazard? | | | | | |
| | identifiable hazard to public health or safety? | | | | | | | |
| | Or do you own any | | | | | | | |
| | property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs | | Where is the property? | | | | | |
| | urgent repairs? | | | Number, Street, City, State & Zip Code | | | | |
| | | | | | | | | |

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Debtor 1 Thomas A. Kotsakis, Jr.
Debtor 2 Kristin M. Kotsakis

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 16-14575 Doc 1 Filed 04/29/16 Entered 04/29/16 09:29:09 Desc Main Document Page 6 of 69

Thomas A. Kotsakis, Jr. Debtor 1 Debtor 2 Kristin M. Kotsakis Case number (if known) **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." No. Go to line 16b. ☐ Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. Yes. Go to line 17. State the type of debts you owe that are not consumer debts or business debts 16c. 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do **1**,000-5,000 **1** 25,001-50,000 1-49 you estimate that you **5001-10,000 5**0,001-100,000 □ 50-99 owe? **1**0.001-25.000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$500,000,001 - \$1 billion ■ \$1,000,001 - \$10 million estimate your liabilities □ \$50,001 - \$100,000 □ \$1,000,000,001 - \$10 billion □ \$10,000,001 - \$50 million to be? **□** \$100,001 - \$500,000 □ \$10,000,000,001 - \$50 billion □ \$50,000,001 - \$100 million □ \$500,001 - \$1 million ■ More than \$50 billion □ \$100,000,001 - \$500 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Thomas A. Kotsakis, Jr. /s/ Kristin M. Kotsakis Kristin M. Kotsakis Thomas A. Kotsakis, Jr. Signature of Debtor 1 Signature of Debtor 2 Executed on April 29, 2016 Executed on April 29, 2016

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Thomas A. Kotsakis, Jr.
Debtor 2 Kristin M. Kotsakis

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Dennise L. McCann | Date | April 29, 2016 | |
|--|---------------|----------------|--|
| Signature of Attorney for Debtor | | MM / DD / YYYY | |
| Dennise L. McCann | | | |
| Printed name | | | |
| Anderson & Associates, P.C. | | | |
| · ···· · · · · · · · · · · · · · · · · | | | |
| 400 S. County Farm Rd. Suite 320 | | | |
| | | | |
| Wheaton, IL 60187 | | | |
| Number, Street, City, State & ZIP Code | | | |
| Contact phone (630) 653-9400 | Email address | | |
| 6197960 | | | |
| Bar number & State | | | |

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| | | 170(.11111 | tii Paue o ui us | |
|---------------------|--------------------------|-------------------|------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Thomas A. Kotsa | kis, Jr. | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Kristin M. Kotsak | is | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| you | original forms, you must fill out a new Summary and check the box at the top of this page. | | • |
|-----|---|-------------|---------------------------|
| Par | t 1: Summarize Your Assets | | |
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 153,287.57 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 153,287.57 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | liabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 94,129.81 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 2,394.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 1,071,237.92 |
| | Your total liabilities | \$ | 1,167,761.73 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 7,613.15 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 11,331.35 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other so | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a persona | al, family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this the court with your other schedules. | box and | submit this form to |
| ~ " | | | 4 (0 |

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| Debtor 1 Debtor 2 | | Document | Case number (if known) | | |
|----------------------|--|----------|--|--------|----|
| | m the Statement of Your Current Monthly Ir A-1 Line 11; OR, Form 122B Line 11; OR, Forn | | otal current monthly income from Officia | l Form | \$ |

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cl | aim |
|--|----------|----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 2,394.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 2,394.00 |

| | C | ase 16-14575 | Doc 1 Filed 04/29/ | | 1/16 09:29:09 | Desc | Main | |
|---------|------------------------|---|--|----------------------------------|-------------------------|---|----------------------------|--|
| Fill in | this info | rmation to identify your | Document case and this filing: | Paue 10 01 69 | | | | |
| Debto | | Thomas A. Kotsa | _ | | | | | |
| | | First Name | Middle Name | Last Name | | | | |
| Debto | | Kristin M. Kotsal | | N | | | | |
| | e, if filing) | First Name | Middle Name | Last Name | | | | |
| Unite | d States E | Bankruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS | | | | |
| Case | number | | | | | | Check if this is an | |
| | | | | | | | amended filing | |
| Scl | hedu | orm 106A/B le A/B: Prop | | | | | 12/15 | |
| hink it | fits best. | Be as complete and accurators space is needed, attach | e items. List an asset only once te as possible. If two married p a separate sheet to this form. C | eople are filing together, both | are equally responsible | e for supply | ing correct | |
| Part 1 | Describ | e Each Residence, Building | g, Land, or Other Real Estate Yo | ou Own or Have an Interest In | | | | |
| . Do y | you own o | r have any legal or equitabl | e interest in any residence, buil | ding, land, or similar property? | ? | | | |
| | | | | | | | | |
| _ | No. Go to P | | | | | | | |
| יש | res. where | e is the property? | | | | | | |
| Part 2 | Describ | e Your Vehicles | | | | | | |
| | | | uitable interest in any vehicle, also report it on Schedule | | | any vehic | les you own that | |
| 3. Cai | rs, vans, | trucks, tractors, sport u | tility vehicles, motorcycles | | | | | |
| _, | | | | | | | | |
| | | | | | | | | |
| | Yes | | | | | | | |
| 3.1 | Make: | Nissan | Who has an interest | in the property? Check one | Do not deduct sec | cured claims | or exemptions. Put | |
| 0 | Model: | Murano | Debtor 1 only | _ | | the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. | | |
| | Year: | 2015 | Debtor 2 only | | Current value of | | urrent value of the | |
| | Approxim | ate mileage: | ☐ Debtor 1 and Debt | tor 2 only | entire property? | | ortion you own? | |
| | Other info | ormation: | ☐ At least one of the | debtors and another | | | | |
| | | | Check if this is co | ommunity property | \$25,118 | 3.00 | \$25,118.00 | |
| | | Toyota | | | Do not deduct ser | cured claims | or exemptions. Put | |
| 3.2 | Make: | Toyota Sequoia | | the am | | secured cla | aims on <i>Schedule D:</i> | |
| | Model: Year: | 2003 | Debtor 1 only | | Greators who Ha | ve Ciaims S | Secured by Property. | |
| | | | Debtor 2 only | | Current value of | | urrent value of the | |
| | Approxim Other info | ate mileage: | Debtor 1 and Debt ☐ At least one of the | • | entire property? | po | ortion you own? | |
| | Outer into | mattu. | At least one of the | deptors and another | | | | |

Official Form 106A/B Schedule A/B: Property page 1

☐ Check if this is community property (see instructions)

\$5,031.00

\$5,031.00

Case 16-14575 Doc 1 Filed 04/29/16 Entered 04/29/16 09:29:09 Desc Main Page 11 of 69 Document Debtor 1 Thomas A. Kotsakis, Jr. Debtor 2 Kristin M. Kotsakis Case number (if known) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☐ No Yes Who has an interest in the property? Check one 4.1 Make Triton Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: **TR21** Model ☐ Debtor 1 only Creditors Who Have Claims Secured by Property. Year: 2005 Debtor 2 only Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$13,320.00 \$13,320.00 Bass Boat, 21.6 foot, Triton ☐ Check if this is community property (see instructions) TR21 (in need of \$5,578.75 in repairs) 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$43,469,00 pages you have attached for Part 2. Write that number here...... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... 2 couches (20 years old), kitchen table, beds \$5,000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... \$2,500.00 4 TVs (10-20 years old), computer (at least 5 years old) 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

☐ No

Yes. Describe.....

Fishing equipment, tools of trade

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

■ No

☐ Yes. Describe.....

\$2.500.00

| Do | htor 1 | Case 16-: | | | Filed 04/29/16 Document | Entered 04/2 Page 12 of 69 | 9/16 09:29:09 | Desc Main |
|-----|--------------------------|-----------------------------------|-------------|------------------|--|-------------------------------|-----------------------------|--|
| | btor 1 btor 2 | Kristin M. Ko | | , JI. | | | Case number (if known) | |
| | Clothes Examp □ No | | othes, furs | , leather coate | s, designer wear, shoes | , accessories | | |
| | Yes. | Describe | | | | | | |
| | | | Ordina | ry clothing | | | | \$500.00 |
| | ■ No | | welry, cost | tume jewelry, | engagement rings, wed | ding rings, heirloom jev | welry, watches, gems, g | old, silver |
| 13. | Non-far Examp ■ No | m animals les: Dogs, cats, | birds, hors | ses | | | | |
| | | | d househ | old items vo | u did not already list, i | ncluding any health a | ids vou did not list | |
| | ■ No | Give specific inf | | • | a ara not an oaay not, i | o.uug u,ou u | ido you did not not | |
| 15 | | | | | rom Part 3, including a | | ou have attached | \$10,500.00 |
| Par | rt 4: Dos | cribe Your Finan | cial Assots | | | | | |
| | | | | | est in any of the follow | ring? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | ■ No | | · | · | our home, in a safe dep | osit box, and on hand v | when you file your petition | on |
| | Examp | | | | al accounts; certificates o | | edit unions, brokerage h | nouses, and other similar |
| | □ No ■ Yes | | | | Institution i | name: | | |
| | | | 17.1. | Checking | Chase Cl | necking account #5 | 081 | \$302.00 |
| | Examp | mutual funds, les: Bond funds, | | | cks ith brokerage firms, mo | ney market accounts | | |
| | □ No ■ Yes | | I | nstitution or is | ssuer name: | | | |
| | | | <u>.</u> | 5% of the sl | hares of Performand | ce Car Wash and De | etail, Inc. | \$0.00 |
| | joint ve | | ock and ii | nterests in in | ncorporated and uninc | orporated businesses | s, including an interes | t in an LLC, partnership, and |
| | ■ No □ Yes. | Give specific inf | ormation a | about them | | | | |
| | | , | | e of entity: | | | % of ownership: | |
| 20. | Negotia | able instruments | include pe | ersonal check | negotiable and non-nas, cashiers' checks, pro not transfer to someone | missory notes, and mo | ney orders. | |

Schedule A/B: Property

Official Form 106A/B

| | Case 16-14575 | Doc 1 | Filed 04/29/16 Document | Entere Page 13 | ed 04/29/16 09:29:09 | Desc Main |
|---|--|--|---|---|--|---|
| Debtor 1 Debtor 2 | Thomas A. Kotsakis Kristin M. Kotsakis | s, Jr. | | | Case number (if known) | |
| ■ No | | | | | | |
| | . Give specific information a | about them uer name: | | | | |
| | ment or pension account oples: Interests in IRA, ERIS | | 1(k), 403(b), thrift saving | s accounts, | or other pension or profit-sharing | plans |
| Yes | . List each account separat | • | | | | |
| | Type o | of account: | Institution r | name: | | |
| | 401k | | Hewitt As | ssociates, | 401(k) | \$94,816.57 |
| Your : Exam ☐ No | ity deposits and prepaym share of all unused deposit oples: Agreements with land | s you have ma | I rent, public utilities (ele- | | ater), telecommunications compar | nies, or others |
| — 165 | | | | | | |
| | Secu | rity Deposit | Carol Ge Charles, | | 9 Fairway Drive, St. | \$4,200.00 |
| ■ No □ Yes 24. Interes 26 U.S ■ No □ Yes 25. Trusts ■ No □ Yes 26. Paten Exam ■ No □ Yes 27. Licens | sts in an education IRA, ir .C. §§ 530(b)(1), 529A(b), a | n an account and 529(b)(1). name and descrests in properabout them is, trade secrees, websites, properabout them about them r general inta | in a qualified ABLE procession. Separately file the erty (other than anythinets, and other intellection occeeds from royalties angibles | ogram, or ur he records of ng listed in li ual property and licensing | nder a qualified state tuition profession of any interests.11 U.S.C. § 521(c) ine 1), and rights or powers exe | ercisable for your benefit |
| ■ No | ples: Building permits, excl | | s, cooperative associatio | n holdings, li | quor licenses, professional licens | es |
| Money or | property owed to you? | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. Tax re | funds owed to you | | | | | |
| ■ No □ Yes | . Give specific information a | about them, in | cluding whether you alre | eady filed the | returns and the tax years | |
| ■ No | | | usal support, child supp | ort, maintena | ance, divorce settlement, property | settlement |

Case 16-14575 Doc 1 Filed 04/29/16 Entered 04/29/16 09:29:09 Desc Main Page 14 of 69 Document Thomas A. Kotsakis, Jr. Debtor 1 Debtor 2 Kristin M. Kotsakis Case number (if known) 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No $\hfill \square$ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: Term life insurance, through Kristin's Thomas Kotsakis \$0.00 employer Genworth life insurance **Thomas Kotsakis** \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$99.318.57 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ☐ No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned ☐ No

Official Form 106A/B Schedule A/B: Property page 5

\$150,000 Loans due to Shareholders from Precision Car Wash &

Detail, Inc. (uncollectable/busienss foreclosed upon)

Yes. Describe.....

\$0.00

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Kristin M. Kotsakis, Jr.

Kristin M. Kotsakis

| Deploi | Z Kristin W. Kotsakis Case number (il known) | |
|-----------------------------------|--|------------------------------|
| | ce equipment, furnishings, and supplies amples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks | , chairs, electronic devices |
| | es. Describe | |
| 40. Ma d | chinery, fixtures, equipment, supplies you use in business, and tools of your trade | |
| □ Y | es. Describe | |
| 41. Inve | • | |
| | es. Describe | |
| 42. Inte ■ N | rests in partnerships or joint ventures | |
| | es. Give specific information about them Name of entity: % of ownership: | |
| 43. Cus ■ _{No} | tomer lists, mailing lists, or other compilations | |
| □ Do | your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? | |
| | ■ No □ Yes. Describe | |
| 44. Any ■ N | business-related property you did not already list | |
| □ Y | es. Give specific information | |
| | ld the dollar value of all of your entries from Part 5, including any entries for pages you have attached Part 5. Write that number here | \$0.00 |
| Part 6: | Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. | |
| | you own or have any legal or equitable interest in any farm- or commercial fishing-related property? | |
| | Yes. Go to line 47. | |
| Part 7: | Describe All Property You Own or Have an Interest in That You Did Not List Above | |
| Exa | you have other property of any kind you did not already list? amples: Season tickets, country club membership | |
| ■ N | o es. Give specific information | |
| 54. Ac | ld the dollar value of all of your entries from Part 7. Write that number here | \$0.00 |

Official Form 106A/B Schedule A/B: Property page 6

Debtor 1

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Page 16 of 69 Document Thomas A. Kotsakis, Jr. Debtor 1

Debtor 2 Kristin M. Kotsakis Case number (if known)

Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$43,469.00 Part 3: Total personal and household items, line 15 57. \$10,500.00 Part 4: Total financial assets, line 36 58. \$99,318.57 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$153,287.57 \$153,287.57 \$153,287.57

62. 63. Total of all property on Schedule A/B. Add line 55 + line 62 Case 16-14575 Doc 1 Filed 04/29/16 Entered 04/29/16 09:29:09 Desc Main

| | | 17(1,111) | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | rmation to identify your | case: | | |
| Debtor 1 | Thomas A. Kotsa | kis, Jr. | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Kristin M. Kotsak | ris | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States B | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1 | Which set of exempt | ions are vou claiming? | Chack one only | avan if valir enalis | a is filina with var |
|---|---------------------|------------------------|----------------|----------------------|----------------------|
| | | | | | |

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
|---|--------------------------------------|-----|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 2003 Toyota Sequoia Line from Schedule A/B: 3.2 | \$5,031.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule AVD. 3.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2005 Triton TR21 Bass Boat, 21.6 foot, Triton TR21 (in | \$13,320.00 | | \$9,506.85 | 625 ILCS 45/3A-7(d) |
| need of \$5,578.75 in repairs) Line from Schedule A/B: 4.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2 couches (20 years old), kitchen table, beds | \$5,000.00 | | \$2,500.00 | 735 ILCS 5/12-1001(b) |
| Line from <i>Schedule A/B</i> : 6.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 4 TVs (10-20 years old), computer (at least 5 years old) | \$2,500.00 | | \$998.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Fishing equipment, tools of trade | \$2,500.00 | | \$2,500.00 | 735 ILCS 5/12-1001(d) |
| Elio Holli Golleddio 74 B. 911 | | | 100% of fair market value, up to any applicable statutory limit | |

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Thomas A. Kotsakis, Jr.

Debtor 1 Kristin M. Kotsakis Case number (if known) Debtor 2 Brief description of the property and line on Current value of the Specific laws that allow exemption Amount of the exemption you claim Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: Chase Checking account** 735 ILCS 5/12-1001(b) \$302.00 \$302.00 100% of fair market value, up to Line from Schedule A/B: 17.1 any applicable statutory limit 401k: Hewitt Associates, 401(k) 735 ILCS 5/12-1006 \$94,816.57 \$94,816.57 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit Security Deposit: Carol Gentile, 735 ILCS 5/12-1001(b) \$4,200.00 \$4,200.00 5N879 Fairway Drive, St. Charles, IL 60175 100% of fair market value, up to Line from Schedule A/B: 22.1 any applicable statutory limit Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

Case 16-14575 Doc 1 Filed 04/29/16 Entered 04/29/16 09:29:09 Desc Main Document Page 19 of 69 Fill in this information to identify your case: Debtor 1 Thomas A. Kotsakis, Jr. Middle Name Last Name Debtor 2 Kristin M. Kotsakis Middle Name Last Name (Spouse if, filing) First Name NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known). 1. Do any creditors have claims secured by your property? ☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below. Part 1: List All Secured Claims Column B Column C Column A 2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As Value of collateral Unsecured Amount of claim much as possible, list the claims in alphabetical order according to the creditor's name. Do not deduct the that supports this portion value of collateral. claim If any 2.1 | GM Financial Describe the property that secures the claim: \$36,651.82 \$25,118.00 \$11,533.82 Creditor's Name 2015 Nissan Murano As of the date you file, the claim is: Check all that PO Box 183834 apply. Arlington, TX 76096-3834 □ Contingent Number, Street, City, State & Zip Code □ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured car loan) ■ Debtor 2 only Debtor 1 and Debtor 2 only ☐ Statutory lien (such as tax lien, mechanic's lien) ☐ At least one of the debtors and another ☐ Judgment lien from a lawsuit ☐ Check if this claim relates to a Other (including a right to offset) community debt September 3393 Date debt was incurred 2015 Last 4 digits of account number

Describe the property that secures the claim: \$14.548.06 \$94.816.57 \$0.00 2.2 Hewitt Associates Creditor's Name 401k: Hewitt Associates, 401(k) As of the date you file, the claim is: Check all that ☐ Contingent Number, Street, City, State & Zip Code ■ Unliquidated ☐ Disputed Who owes the debt? Check one. Nature of lien. Check all that apply. Debtor 1 only An agreement you made (such as mortgage or secured car loan) ■ Debtor 2 only Debtor 1 and Debtor 2 only Statutory lien (such as tax lien, mechanic's lien) ☐ At least one of the debtors and another Judgment lien from a lawsuit ☐ Check if this claim relates to a Loan from 401k Other (including a right to offset) community debt

Last 4 digits of account number

Date debt was incurred 05/31/2013

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| Debtor 1 Thomas A. Kotsakis, Jr | Case number (if know) | | | |
|--|--|---|---|-------------|
| First Name Middle N | lame Last Name | | | |
| Debtor 2 Kristin M. Kotsakis First Name Middle N | lame Last Name | | | |
| | | | | |
| 2.3 Internal Revenue Service | Describe the property that secures the claim: | \$12,605.06 | \$0.00 | \$12,605.06 |
| Creditor's Name | Federal Tax Lien | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | <u>, , , , , , , , , , , , , , , , , , , </u> | , , , |
| Centralized Insolvency | | | | |
| Operations P.O. Box 7346 | As of the date you file, the claim is: Check all that | | | |
| P.O. Box 7346 Philadelphia, PA | apply. | | | |
| 19101-7346 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | An agreement you made (such as mortgage or sec | cured | | |
| Debtor 2 only | car loan) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| At least one of the debtors and another | Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| community dept | | | | |
| Date debt was incurred 2013 | Last 4 digits of account number 3475 | | | |
| | | A04 F00 00 | 42.00 | 404 500 00 |
| 2.4 Internal Revenue Service Creditor's Name | Describe the property that secures the claim: | \$21,568.20 | \$0.00 | \$21,568.20 |
| Centralized Insolvency | Federal tax lien | | | |
| Operations | | | | |
| P.O. Box 7346 | As of the date you file, the claim is: Check all that apply. | | | |
| Philadelphia, PA | Contingent | | | |
| 19101-7346 | _ | | | |
| Number, Street, City, State & Zip Code | Unliquidated | | | |
| Who owes the debt? Check one. | ☐ Disputed Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or sec | cured | | |
| Debtor 2 only | car loan) | ourou | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Tax Lien | | | |
| Date debt was incurred 2012 | Last 4 digits of account number 3475 | | | |
| | | | | |
| 2.5 Internal Revenue Service | Describe the property that secures the claim: | \$2,362.65 | \$0.00 | \$2,362.65 |
| Creditor's Name | Federal tax lien | | <u> </u> | . , , |
| Centralized Insolvency | | | | |
| Operations | As of the date you file, the claim is: Check all that | | | |
| P.O. Box 7346 | apply. | | | |
| Philadelphia, PA 19101-7346 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or sec | cured | | |
| Debtor 2 only | car loan) | | | |
| ■ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| lacksquare At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) Tax Lien | | | |
| Date debt was incurred 2014 | Last 4 digits of account number 3475 | | | |

Official Form 106D

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| Debtor 1 Thomas A. Kotsakis, Jr | . Ca | Case number (if know) | | | |
|---|---|---|------------------|--------|--|
| First Name Middle N | ame Last Name | | | | |
| Debtor 2 Kristin M. Kotsakis | | | | | |
| First Name Middle N | lame Last Name | | | | |
| 2.6 TitleMax | Describe the property that secures the claim: | \$2,580.87 | \$5,031.00 | \$0.00 | |
| Creditor's Name | 2003 Toyota Sequoia | , | , , , | * | |
| | | | | | |
| 2015 W. Main Street | As of the date you file, the claim is: Check all that apply. | | | | |
| Saint Charles, IL 60174 | Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| | ☐ Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | An agreement you made (such as mortgage or secure | ed | | | |
| ☐ Debtor 2 only | car loan) | | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | | |
| Date debt was incurred 10/2014 | Last 4 digits of account number 9908 | | | | |
| 2.7 US Bank | Describe the property that secures the claim: | \$3,813.15 | \$13,320.00 | \$0.00 | |
| Creditor's Name | 2005 Triton TR21 | | | | |
| | Bass Boat, 21.6 foot, Triton TR21 (in | | | | |
| PO BOX 790179 | need of \$5,578.75 in repairs) As of the date you file, the claim is: Check all that | | | | |
| Saint Louis, MO | apply. | | | | |
| 63179-0179 | Contingent | | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | | |
| Who owes the debt? Check one. | Disputed | | | | |
| _ | Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | An agreement you made (such as mortgage or secure car loan) | ed | | | |
| | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | | |
| ■ Debtor 1 and Debtor 2 only ■ At least one of the debtors and another | | | | | |
| ☐ Check if this claim relates to a | ☐ Judgment lien from a lawsuit | | | | |
| community debt | Other (including a right to offset) | | | | |
| Date debt was incurred 12/2006 | Last 4 digits of account number 6737 | | | | |
| | | | | | |
| • | Column A on this page. Write that number here: | \$94,129.8 | 1 | | |
| If this is the last page of your form, add Write that number here: | the dollar value totals from all pages. | \$94,129.8 | 1 | | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | | | <u> Document</u> | Page 22 of | <u>69</u> | | |
|----------------------|--|---|--|---|--|--|---|--------------------|
| Fill | in this information | on to identify your | case: | | | | | |
| Del | otor 1 | Thomas A. Kotsa | kis .lr | | | | | |
| ٥. | | irst Name | Middle Na | me | Last Name | | | |
| Del | otor 2 | Kristin M. Kotsak | is | | | | | |
| (Spc | ouse if, filing) | irst Name | Middle Na | me | Last Name | | | |
| Uni | ted States Bankru | ptcy Court for the: | NORTHERN | DISTRICT OF ILLIN | NOIS | | | |
| 0- | | | | | | | | |
| | se number nown) | | | - | | | ☐ Check | if this is an |
| | | | | | | | _ | ded filing |
| ∩fi | icial Form 1 | 06E/E | | | | | | |
| | icial Form 1 | | lha Haya | Unsecured C | loimo | | | 12/15 |
| | | | | | | or creditors with NON | DDIODITY alaims I | |
| Sche left. nam | edule D: Creditors V Attach the Continua e and case number | Nho Have Claims Sec ation Page to this pag | ured by Propert le. If you have n | y. If more space is ne o information to repo | eded, copy the Par | editors with partially s t you need, fill it out, i file that Part. On the t | number the entries i | n the boxes on the |
| 1. | Do any creditors h | ave priority unsecure | d claims agains | t you? | | | | |
| | ☐ No. Go to Part 2 | | | | | | | |
| | Yes. | | | | | | | |
| 2. | identify what type of possible, list the clai Part 1. If more than | claim it is. If a claim ha ims in alphabetical orde one creditor holds a pa | as both priority ar er according to th articular claim, list | d nonpriority amounts, | list that claim here a u have more than to Part 3. | ist the creditor separate and show both priority a wo priority unsecured cla | nd nonpriority amoun aims, fill out the Conti | nuation Page of |
| | | | | | | Total claim | Priority amount | Nonpriority amount |
| 2.1 | Internal Re | venue Service | La | st 4 digits of account | number | \$2,394.00 | \$2,394.00 | |
| | Priority Creditor Centralized Operations | l Insolvency | Wh | en was the debt incu | rred? 2015 | | | |
| | P.O. Box 73 Philadelphi | 346 ia, PA 19101-734 | 6 | | | | | |
| | | City State Zlp Code | | of the date you file, the | he claim is: Check | all that apply | | |
| | Who incurred the | debt? Check one. | | Contingent | | | | |
| | Debtor 1 only | | | Unliquidated | | | | |
| | Debtor 2 only | | | Disputed | | | | |
| | ■ Debtor 1 and D | ebtor 2 only | | pe of PRIORITY unsec | cured claim: | | | |
| | _ | the debtors and another | , | Domestic support oblig | gations | | | |
| | | laim is for a commu | _ | Taxes and certain other | or dobto you owo the | agyornment | | |
| | Is the claim subje | | | Claims for death or pe | | | | |
| | ■ No | or to oncor. | | Other. Specify | | | | |
| | Yes | | _ | | eral Income Ta | ıx | | |
| Pai | t 2: List All of | Your NONPRIORIT | Y Unsecured | Claims | | | | |
| | | ave nonpriority unsec | | | | | | |
| ٥. | | | _ | orm to the court with yo | ur other schedules. | | | |
| | Yes. | | | | | | | |
| | | | alma la di cili | abadiaal aa boodd | | and date if | | |
| 4. | unsecured claim, lis- | t the creditor separatel | y for each claim. | For each claim listed, id | dentify what type of | each claim. If a credite claim it is. Do not list cla | aims already included | in Part 1. If more |

Total claim

Part 2.

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| Debtor 2 Kristin M. Kotsakis | | Case number (if know) | | | | | |
|------------------------------|--|---|-------------|--|--|--|--|
| 4.1 | All City Environmental Services | Last 4 digits of account number | \$900.00 | | | | |
| | Nonpriority Creditor's Name 927 W. 49th Pl. Chicago, IL 60609 | When was the debt incurred? | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | ■ Other. Specify Business Services | | | | | |
| 4.2 | Bank of America | Last 4 digits of account number 5768 | \$33,867.35 | | | | |
| | Nonpriority Creditor's Name PO Box 982235 | When was the debt incurred? 1994 | | | | | |
| | El Paso, TX 79998 | when was the debt incurred? | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ■ Debtor 1 and Debtor 2 only | □ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | ■ Other. Specify Credit card purchases | | | | | |
| 4.3 | Bank of America | Last 4 digits of account number 1233 | \$20,955.54 | | | | |
| | Nonpriority Creditor's Name PO BOX 15028 Wilmington, DE 10050 5038 | When was the debt incurred? 2006 | | | | | |
| | Wilmington, DE 19850-5028 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | | |
| | Who incurred the debt? Check one. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | ■ Other. Specify Line of Credit | | | | | |
| | | | | | | | |

Debtor 1 Thomas A. Kotsakis, Jr.

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| | Thomas A. Kotsakis, Jr. Kristin M. Kotsakis | | Case number (if know) | |
|-----|---|--|---|-------------|
| | Best Buy Credit Services | Last 4 digits of account number | 4155 | \$2,404.80 |
| | Nonpriority Creditor's Name PO Box 688910 Des Moines, IA 50368-8910 | When was the debt incurred? | 2014 | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Credit card | purchases | |
| 4.5 | Bochte, Kuzniar & Navigato, LLP | Last 4 digits of account number | 8578 | \$11,834.68 |
| | Nonpriority Creditor's Name 2580 Foxfield Road, Suite 200 Saint Charles, IL 60174 | When was the debt incurred? | 2015 | |
| _ | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharir | | |
| | ☐ Yes | ■ Other. Specify Legal fees | | |
| | — 103 | Other. Specify | | |
| | BP Cardmember Services Nonpriority Creditor's Name | Last 4 digits of account number | 5387 | \$1,617.74 |
| | PO BOX 15123 Wilmington, DE 19850-5123 | When was the debt incurred? | 2014 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit card | purchases | |

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| | Thomas A. Kotsakis, Jr. Kristin M. Kotsakis | | Case number (if know) | |
|---|--|--|--|------------|
| | BP PLCC & Visa | Last 4 digits of account number | 1022 | \$1,565.06 |
| I | Nonpriority Creditor's Name PO BOX 965006 Orlando, FL 32896-5006 | When was the debt incurred? | 2015 | |
| ī | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| 1 | Debtor 1 only | ☐ Contingent | | |
| 1 | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| l | Yes | Other. Specify Credit card | purchases | |
| | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 1152 | \$1,398.80 |
| | PO Box 6492 Carol Stream, IL 60197-6492 | When was the debt incurred? 2015 | | |
| Ī | Number Street City State Zlp Code | As of the date you file, the claim | | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| ļ | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| l | At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| I | No | Debts to pension or profit-sharing | | |
| 1 | □ Yes | Other. Specify Credit card | purchases | |
| | Central Dupage Hospital | Last 4 digits of account number | 2507 | \$1,645.31 |
| | Nonpriority Creditor's Name P.O. Box 4090 Carol Stream, IL 60197 | When was the debt incurred? | 2016 | |
| ī | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| 1 | Debtor 1 only | ☐ Contingent | | |
| ļ | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| 1 | ☐ Yes | Other. Specify Medical bil | ls | |

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| Debt | or 2 Kristin M. Kotsakis | Case number (if know) | |
|----------|---|---|-------------|
| 4.1 | Cintas | Local Adigita of account number | \$967.62 |
| 0 | Nonpriority Creditor's Name 421 S. Irmen Dr Addison, IL 60101 | Last 4 digits of account number When was the debt incurred? | Ψ001.02 |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | Contingent | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated ☐ Disputed | |
| | ■ At least one of the debtors and another ☐ Check if this claim is for a community | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Business Services | |
| 4.1 1 | CitiCards Nonpriority Creditor's Name | Last 4 digits of account number 4316 | \$15,899.31 |
| | Processing Center Des Moines, IA 50363-0005 | When was the debt incurred? 2012 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. ☐ Debtor 1 only | | |
| | • | Contingent | |
| | Debtor 2 only | Unliquidated | |
| | Debtor 1 and Debtor 2 only | Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: ☐ Student loans | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ■ No □ Yes | Other. Specify Credit card purchases | |
| | | — Otter. Opedity | |
| 4.1 2 | CitiCards Nonpriority Creditor's Name | Last 4 digits of account number 8984 | \$34,797.87 |
| | Processing Center Des Moines, IA 50363-0005 | When was the debt incurred? 2014 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card purchases | |

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| | 1 Thomas A. Kotsakis, Jr. 2 Kristin M. Kotsakis | Case number (if know) | |
|-----|--|---|------------|
| 4.1 | City of St. Charles | Last 4 digits of account number | \$6,160.50 |
| | Nonpriority Creditor's Name 2 East Main St. | When was the debt incurred? | |
| | Saint Charles, IL 60174 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Business Utility Services. | |
| 4.1 | Comcast | Last 4 digits of account number | \$492.00 |
| | Nonpriority Creditor's Name | | |
| | P.O. Box 3001 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Busienss Services | |
| 4.1 | ComEd | Last 4 digits of account number 0041 | \$255.98 |
| 5 | Nonpriority Creditor's Name | | • |
| | P.O. Box 6111 | When was the debt incurred? 2015 | |
| | Carol Stream, IL 60197 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim is. Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ■ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | _ | Student loans | |
| | ☐ Check if this claim is for a community debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Utility bill | |
| | | | |

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| Debtor Debtor | 1 Thomas A. Kotsakis, Jr. 2 Kristin M. Kotsakis | | Case number (if know) | |
|------------------|--|--|---|-------------|
| 4.1 6 | Discover | Last 4 digits of account number | 4480 | \$7,408.64 |
| | Nonpriority Creditor's Name PO Box 6103 Carol Stream, IL 60197-6103 | When was the debt incurred? | 2014 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Credit card | purchases | |
| 4.1 | DuPage Medical Group Nonpriority Creditor's Name | Last 4 digits of account number | 3274 | \$787.00 |
| | 15921 Collections Center Drive Chicago, IL 60693 | When was the debt incurred? | 2013-2014 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Medical bil | ls | |
| 4.1 | Fifth Third Bank | Last 4 digits of account number | 0043 | \$14,036.74 |
| | Nonpriority Creditor's Name PO Box 740789 Cincinnati, OH 45274-0789 | When was the debt incurred? | 2009 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | 3 | |
| | ■ No | Debts to pension or profit-sharing | - ' | |
| | ☐ Yes | ■ Other. Specify Credit card | purchases | |

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| Debtor Debtor | 1 Thomas A. Kotsakis, Jr. 2 Kristin M. Kotsakis | | Case number (if know) | |
|------------------|--|--|---|--------------|
| 4.1 9 | Fifth Third Bank | Last 4 digits of account number | 6064 | \$265,956.00 |
| | Nonpriority Creditor's Name 5050 Kingsley Dr. Cincinnati, OH 45227 | When was the debt incurred? | 2005-2006 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify,IL | eficiency for 305 Oak, Glen Ellyn | |
| 4.2 | First Merchant Bank, N.A. | Last 4 digits of account number | | \$370,916.96 |
| | Nonpriority Creditor's Name 5311 Hohman Hammond, IN 46320 | When was the debt incurred? | 2011 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Personal D | eficiency for Business Loan | |
| 4.2 | First Merchant Bank, N.A. Nonpriority Creditor's Name | Last 4 digits of account number | | \$377.53 |
| | 5311 Hohman Hammond, IN 46320 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |

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| Debto Debto | Thomas A. Kotsakis, Jr. Kristin M. Kotsakis | Case number (if know) | |
|----------------|---|---|------------|
| 4.2 | Grange Insurance | Last 4 digits of account number | \$500.00 |
| | Nonpriority Creditor's Name 4525 Weaver Pkwy Ste. 220 Warrenville, IL 60555 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Business Insurance | |
| 4.2 | Macy's | Last 4 digits of account number 6770 | \$555.56 |
| | Nonpriority Creditor's Name PO BOX 78008 Phoenix, AZ 85062-8008 | When was the debt incurred? 1999 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card purchases | |
| 4.2 | MDB Car Wash Solutions, LLC | Last 4 digits of account number | \$3,616.71 |
| | Nonpriority Creditor's Name 1027 Spire Dr. Prescott, AZ 86305 | When was the debt incurred? | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | ■ Other. Specify Business Services | |

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| Debtor Debtor | 1 Thomas A. Kotsakis, Jr.2 Kristin M. Kotsakis | Case number (if know) | |
|------------------|---|--|-------------|
| 4.2 | Mendel Plumbing and Heating | Lost 4 divite of account number | \$383,38 |
| 5 | Nonpriority Creditor's Name 3n640 17th St. | Last 4 digits of account number When was the debt incurred? | Ψ303.30 |
| | Saint Charles, IL 60174 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Business Services | |
| 4.2 | Morgan Stanley Smith Barney LLC Nonpriority Creditor's Name | Last 4 digits of account number | \$24,944.66 |
| | 1 New York Plaza, 5th Floor New York, NY 10004 | When was the debt incurred? 2011 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Promissory Note to Employer | |
| 4.2 | Morgan Stanley Smith Barney LLC Nonpriority Creditor's Name | Last 4 digits of account number | \$31,386.21 |
| | 1 New York Plaza, 5th Floor New York, NY 10004 | When was the debt incurred? 2012 | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Promissory Note to Employer | |

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| Debtor Debtor | Thomas A. Kotsakis, Jr. Kristin M. Kotsakis | Case number (if know) | |
|------------------|--|--|-----------------|
| 4.2 | Morgan Stanley Smith Barney LLC | Last 4 digits of account number | \$37,090.63 |
| | Nonpriority Creditor's Name 1 New York Plaza, 5th Floor | When was the debt incurred? 2010 | |
| | New York, NY 10004 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Promissory Note to Employer | |
| 4.2 | Morgan Stanley Smith Barney LLC Nonpriority Creditor's Name | Last 4 digits of account number | \$149,435.01 |
| | 1 New York Plaza, 5th Floor New York, NY 10004 | When was the debt incurred? 2009 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Promissory Note to Employer | |
| 4.3 | Minar | | \$520.40 |
| 0 | Nicor Nonpriority Creditor's Name | Last 4 digits of account number | \$530.49 |
| | PO Box 5407 Carol Stream, IL 60197 | When was the debt incurred? | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ☐ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | lacksquare Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Business Services | |

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| Debtor 1 Debtor 2 | Thomas A. Kotsakis, Jr. Kristin M. Kotsakis | | Case number (if know) | |
|----------------------|--|--|---|-------------|
| | Nordstrom | Last 4 digits of account number | 208 | \$3,556.63 |
| 1 | Nonpriority Creditor's Name PO BOX 79134 Phoenix, AZ 85062-9134 | When was the debt incurred? | 2014 | |
| Ī | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ļ | Debtor 1 only | ☐ Contingent | | |
| ļ | Debtor 2 only | ☐ Unliquidated | | |
| 1 | ■ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| 1 | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ļ | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit card | purchases | |
| | Personnel Concepts, Inc. | Last 4 digits of account number | | \$359.00 |
| I | Nonpriority Creditor's Name PO Box 5750 Carol Stream, IL 60197 | When was the debt incurred? | | |
| Ī | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| I | Debtor 1 only | ☐ Contingent | | |
| ļ | Debtor 2 only | ☐ Unliquidated | | |
| ļ | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| 1 | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| 1 | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Business S | Services | |
| 3 | Sears Credit Cards | Last 4 digits of account number | 6036 | \$21,690.79 |
| I | Nonpriority Creditor's Name PO BOX 6282 Sioux Falls, SD 57117-6282 | When was the debt incurred? | 1985 | |
| 1 | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| 1 | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| I | ☐ Yes | Other. Specify Credit card | purchases | |

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| Debto Debto | Thomas A. Kotsakis, Jr. Kristin M. Kotsakis | | Case number (if know) | |
|----------------|---|--|---|------------|
| 4.3 | Shell | Last 4 digits of account number | 4906 | \$1,513.62 |
| | Nonpriority Creditor's Name PO BOX 6406 | When was the debt incurred? | 1984 | |
| | Sioux Falls, SD 57117 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | ,, ,, ,, ,, , | To the one and apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | <u> </u> | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | ☐ Yes | | | |
| | ⊔ Yes | Other. Specify Credit card | 1 purchases | |
| 4.3 5 | U.S. Dept. of Labor-OSHA Nonpriority Creditor's Name | Last 4 digits of account number | | \$560.00 |
| | Nonpriority Creditor's Name | When was the debt incurred? | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Business S | Services | |
| 4.3 | Vans Electric | Last 4 digits of account number | | \$488.00 |
| | Nonpriority Creditor's Name 2701 Dukane Dr. Saint Charles, IL 60174 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | • | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | <u> </u> | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Business S | Services | |

Case 16-14575 Doc 1 Filed 04/29/16 Entered 04/29/16 09:29:09 Desc Main Page 35 of 69 Document Debtor 1 Thomas A. Kotsakis, Jr. Debtor 2 Kristin M. Kotsakis Case number (if know) 4.3 Vaughan Industries \$381.80 Last 4 digits of account number Nonpriority Creditor's Name 8490 Lyndon St. When was the debt incurred? Detroit, MI 48238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Business Services Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Client Services, Inc. Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 3451 Harry S. Truman Blvd ■ Part 2: Creditors with Nonpriority Unsecured Claims Saint Charles, MO 63301 Last 4 digits of account number 3172 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Contract Callers Inc. Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 501 Greene Street, 3rd Floor Part 2: Creditors with Nonpriority Unsecured Claims Suite 302 Augusta, GA 30901 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Credit Protection Association** Line 4.15 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 13355 Norel Road, Suite 2100 ■ Part 2: Creditors with Nonpriority Unsecured Claims Dallas, TX 75204 Last 4 digits of account number Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **EIS Collections** Line 4.16 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims PO Box 1730 Part 2: Creditors with Nonpriority Unsecured Claims Reynoldsburg, OH 43068 Last 4 digits of account number 4389 Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? Firstsource Advantage LLC Line 4.2 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims 205 Bryant Woods South Part 2: Creditors with Nonpriority Unsecured Claims Amherst, NY 14228 Last 4 digits of account number

Name and Address
Nationwide Credit & CO
815 Commerce Dr
Ste 270
Oak Brook, IL 60523

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.17** of (*Check one*):

On which entry in Part 1 or Part 2 did you list the original creditor?

Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Line **4.31** of (*Check one*):

Part 1: Creditors with Priority Unsecured Claims

120 Corporate Blvd.
Norfolk, VA 23502

Part 2: Creditors with Nonpriority Unsecured Claims

Official Form 106 E/F

Name and Address
Portfolio Recovery

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| Debtor 2 Kristin M. Kotsakis | | Case number (if know) | | |
|---|---|---|--|--|
| | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 c | lid you list the original creditor? | | |
| Shannon L. Noder | Line 4.20 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| Krieg DeVault LLP 30 N. LaSalle, Suite 2800 Chicago, IL 60602 | | ■ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| J. 100001 | Last 4 digits of account number | | | |
| Name and Address | On which entry in Part 1 or Part 2 c | lid you list the original creditor? | | |
| Weltman, Weinberg & Reis Co, LPA | Line 4.12 of (<i>Check one</i>): | ☐ Part 1: Creditors with Priority Unsecured Claims | | |
| 323 W. Lakeside Ave, Suite 200 Cleveland, OH 44113-1009 | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| • | Last 4 digits of account number | 4689 | | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------------|-----|---|-----|--------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total | | | | |
| claims from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 2,394.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 2,394.00 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 1,071,237.92 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 1,071,237.92 |

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| | | I A A A III III . | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Thomas A. Kotsa | kis, Jr. | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Kristin M. Kotsak | ris | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Wolfgang Management LLC
5N879 Fairway Drive
Saint Charles, IL 60175

State what the contract or lease is for
Residential Lease for 218 W. Regency Court, St. Charles,
IL 60175

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| نطلا من الت | o information to identify your | 2222 | | |
|-----------------------------------|--|---|---|--|
| | s information to identify your | | | |
| Debtor 1 | Thomas A. Kotsa | akis, Jr. Middle Name | Last Name | |
| Debtor 2 | Kristin M. Kotsak | | | |
| Spouse if, fi | ling) First Name | Middle Name | Last Name | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT OF | FILLINOIS | |
| Case nun | nber | | | |
| (if known) | | | | ☐ Check if this is an amended filing |
| Officia | al Form 106H | | | |
| Sche | dule H: Your Cod | ebtors | | 12/15 |
| | | | | |
| eople ar II it out, our nam | e filing together, both are equ and number the entries in the e and case number (if known) | ally responsible for supplying boxes on the left. Attach the land, and a consideration. | you may have. Be as complete and accuring correct information. If more space is the Additional Page to this page. On the transfer of the space as a codebtor. | needed, copy the Additional Page, |
| □No | | | | |
| ■ Ye | es | | | |
| | | | perty state or territory? (Community properto Rico, Texas, Washington, and Wisconsin | |
| | o. Go to line 3. | | | |
| □ Ye | es. Did your spouse, former spou | use, or legal equivalent live w | ith you at the time? | |
| in lin Form | e 2 again as a codebtor only i | if that person is a guarantor | oouse as a codebtor if your spouse is fili r or cosigner. Make sure you have listed e G (Official Form 106G). Use Schedule D | the creditor on Schedule D (Official |
| | Column 1: Your codebtor | | | , Schedule E/F, or Schedule G to fil |
| | Name, Number, Street, City, State and Zl | IP Code | Column 2: The c Check all schedu | reditor to whom you owe the debt |
| 3.1 | Performance Car Wash ar | | | reditor to whom you owe the debt les that apply: |
| 3.1 | Performance Car Wash ar 218 Regency Court W | | Check all schedu | reditor to whom you owe the debt less that apply: |
| 3.1 | Performance Car Wash ar | | Check all schedu ☐ Schedule D, ☐ Schedule E/ ☐ Schedule G | reditor to whom you owe the debt ales that apply: line F, line4.20 |
| 3.1 | Performance Car Wash ar 218 Regency Court W | | Check all schedu ☐ Schedule D, ☐ Schedule E/ | reditor to whom you owe the debt ales that apply: line F, line4.20 |
| | Performance Car Wash ar 218 Regency Court W Saint Charles, IL 60175 | nd Detail Inc | Check all schedule D, ■ Schedule E/ □ Schedule E/ □ Schedule G First Merchant | reditor to whom you owe the debt less that apply: line F, line4.20 E Bank, N.A. |
| 3.1 | Performance Car Wash ar 218 Regency Court W Saint Charles, IL 60175 Performance Car Wash ar | nd Detail Inc | Check all schedule D, ■ Schedule E/ □ Schedule G First Merchant | reditor to whom you owe the debt iles that apply: line F, line4.20 Bank, N.A. |
| | Performance Car Wash ar 218 Regency Court W Saint Charles, IL 60175 | nd Detail Inc | Check all schedu | reditor to whom you owe the debt ales that apply: line F, line4.20 Bank, N.A. line F, line4.32 |
| | Performance Car Wash ar 218 Regency Court W Saint Charles, IL 60175 Performance Car Wash ar 218 Regency Court W | nd Detail Inc | Check all schedule D, ■ Schedule E/ □ Schedule G First Merchant | reditor to whom you owe the debt ales that apply: line F, line4.20 Bank, N.A. line F, line4.32 |
| 3.2 | Performance Car Wash ar 218 Regency Court W Saint Charles, IL 60175 Performance Car Wash ar 218 Regency Court W Saint Charles, IL 60175 | nd Detail Inc | Check all schedule D, ■ Schedule E/ □ Schedule G First Merchant □ Schedule D, ■ Schedule E/ □ Schedule E/ □ Schedule Core | reditor to whom you owe the debt iles that apply: line F, line4.20 Bank, N.A. line F, line4.32 ncepts, Inc. |
| | Performance Car Wash ar 218 Regency Court W Saint Charles, IL 60175 Performance Car Wash ar 218 Regency Court W Saint Charles, IL 60175 | nd Detail Inc | Check all schedule D, Schedule E/ Schedule G First Merchant Schedule D, Schedule E/ Schedule G Personnel Cor | reditor to whom you owe the debt iles that apply: line F, line4.20 Bank, N.A. line F, line4.32 ncepts, Inc. |
| 3.2 | Performance Car Wash ar 218 Regency Court W Saint Charles, IL 60175 Performance Car Wash ar 218 Regency Court W Saint Charles, IL 60175 | nd Detail Inc | Check all schedule D, ■ Schedule E/ □ Schedule G First Merchant □ Schedule D, ■ Schedule E/ □ Schedule E/ □ Schedule Core | reditor to whom you owe the debt iles that apply: line F, line4.20 EBank, N.A. line F, line4.32 ncepts, Inc. line F, line4.13 |

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Debtor 1 Kristin M. Kotsakis Case number (if known) **Additional Page to List More Codebtors** Column 1: Your codebtor Column 2: The creditor to whom you owe the debt Check all schedules that apply: **Performance Car Wash and Detail Inc** 3.4 ☐ Schedule D, line 218 Regency Court W ■ Schedule E/F, line 4.22 Saint Charles, IL 60175 ☐ Schedule G Grange Insurance Performance Car Wash and Detail Inc 3.5 ☐ Schedule D, line ___ 218 Regency Court W ■ Schedule E/F, line 4.21 Saint Charles, IL 60175 ☐ Schedule G First Merchant Bank, N.A. 3.6 **Performance Car Wash and Detail Inc** ☐ Schedule D, line 218 Regency Court W ■ Schedule E/F, line 4.1 Saint Charles, IL 60175 ☐ Schedule G **All City Environmental Services Performance Car Wash and Detail Inc** 3.7 ☐ Schedule D, line ____ 218 Regency Court W ■ Schedule E/F, line 4.36 Saint Charles, IL 60175 ☐ Schedule G _____ Vans Electric 3.8 Performance Car Wash and Detail Inc ☐ Schedule D, line 218 Regency Court W ■ Schedule E/F, line 4.35 Saint Charles, IL 60175 ☐ Schedule G U.S. Dept. of Labor-OSHA 3.9 **Performance Car Wash and Detail Inc** ☐ Schedule D, line 218 Regency Court W ■ Schedule E/F, line 4.14 Saint Charles, IL 60175 ☐ Schedule G _____ Comcast ☐ Schedule D, line ___ 3.10 Performance Car Wash and Detail Inc 218 Regency Court W ■ Schedule E/F, line 4.10 Saint Charles, IL 60175 ☐ Schedule G _____ Cintas

Thomas A. Kotsakis, Jr.

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| Debtor 1 | Thomas A. Kotsakis, Jr. Kristin M. Kotsakis | Case number (if known) | | | | |
|----------|---|---|--|--|--|--|
| | Additional Page to List More Codebtors | | | | | |
| | Column 1: Your codebtor | Column 2: The creditor to whom you owe the debt Check all schedules that apply: | | | | |
| 3.11 | Performance Car Wash and Detail Inc 218 Regency Court W Saint Charles, IL 60175 | ☐ Schedule D, line ■ Schedule E/F, line4.25 ☐ Schedule G Mendel Plumbing and Heating | | | | |
| 3.12 | Performance Car Wash and Detail Inc 218 Regency Court W Saint Charles, IL 60175 | ☐ Schedule D, line ■ Schedule E/F, line4.24 ☐ Schedule G MDB Car Wash Solutions, LLC | | | | |

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| | | | | | | Ī | | | |
|-------------|---|-----------------------------|----------------------|---------------|-------|---------------------------------------|----------------------|--|----------|
| | in this information to identify your obtor 1 Thomas A. | ase: Kotsakis, Jr. | | | | | | | |
| | btor 2 Kristin M. K | | | | | | | | |
| Uni | ited States Bankruptcy Court for the | e: NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | |
| | se number nown) | | | | | | ed filing ent sho | l wing postpetition ne following date: | chapter |
| 0 | fficial Form 106I | | | | | MM / DD/ ` | YYYY | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/15 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The separate sheet to this form. Describe Employment information. | ur spouse is not filing wi | ith you, do not incl | lude infor | mati | on about your sp I case number (if | ouse. If known | f more space is | needed, |
| | If you have more than one job, | | ☐ Employed | | | ■ Empl | | g oposioo | |
| | attach a separate page with information about additional employers. | Employment status | ■ Not employed | | | □ Not € | - | ed | |
| | | Occupation | | | | Financ | ial adv | /isor | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | Morgai | n Stan | ley | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | 10 W, S Geneva | | Street, Suite 20 0134 | 4 |
| | | How long employed to | here? | | | | 7 years | S | |
| Pai | rt 2: Give Details About Mo | nthly Income | | | | | | | |
| | mate monthly income as of the dust unless you are separated. | late you file this form. If | you have nothing to | report for | any | line, write \$0 in the | space | . Include your noi | n-filing |
| | ou or your non-filing spouse have m e space, attach a separate sheet to | | ombine the informat | ion for all e | emplo | oyers for that perso | on on th | ne lines below. If | you need |
| | | | | | | For Debtor 1 | | Debtor 2 or -filing spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 0.00 | \$ | 24,061.00 | |
| 3. | Estimate and list monthly over | time pay. | | 3. | +\$ | 0.00 | +\$ | 0.00 | |
| 4. | Calculate gross Income. Add li | ne 2 + line 3. | | 4. | \$ | 0.00 | \$ | 24,061.00 | |

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| | tor 1 tor 2 | Thomas A. Kotsakis, Jr. Kristin M. Kotsakis | _ | Case | number (if known) | | | | |
|-----|-----------------------|---|-----------------|-----------|-------------------|-----------|-------------------------------|----------------|------------|
| | | | | | Debtor 1 | non | Debtor 2 or a-filing spous | | |
| | Cop | by line 4 here | 4. | \$_ | 0.00 | \$_ | 24,061.0 | 00_ | |
| 5. | List | all payroll deductions: | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | 6,481. | 10 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | 0.0 | 00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | 845.0 | 00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | · · — | 0.00 | \$ | 528.3 | 36 | |
| | 5e. | Insurance | 5e. | | 0.00 | \$_ | 860.2 | | |
| | 5f. | Domestic support obligations | 5f. | \$_ | 0.00 | \$_ | 0.0 | | |
| | 5g. | Union dues | 5g. | | 0.00 | | 0.0 | | |
| | 5h. | Other deductions. Specify: Promissory Note repayment | 5h | + \$_ | | + \$_ | 7,592. | | |
| _ | | Life insurance | | *- | 0.00 | · - | 141.0 | | |
| 6. | | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 0.00 | \$_ | 16,447.8 | | |
| 7. | Cal | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 0.00 | \$ | 7,613. | 15 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | 0.00 | \$ | 0. | 00 | |
| | 8b. | Interest and dividends | 8b. | · · — | 0.00 | \$_ | | 00 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | | \$ \$ | 0.00 | * * | | 00 | |
| | 8d. | Unemployment compensation | 8d. | · - | 0.00 | \$_ | | 00 | |
| | 8e. | Social Security | 8e. | · · · | 0.00 | \$_ | | 00 | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | e 8f. 8g. | \$ | 0.00 | \$_ \$ | | <u>00</u> | |
| | 8g. 8h. | Other monthly income. Specify: | 8h | | 0.00 | | | 00 | |
| | 0 | | | | 0.00 | _ | | | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$_ | 0 | .00 | |
| 10. | | culate monthly income. Add line 7 + line 9. I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | S | 0.00 + \$_ | 7,6 | 613.15 = \$ | 7 | ,613.15 |
| 11. | Inclu othe Do i | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your per friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not cify: | deper | • | | | Schedule J. 11. +\$ _ | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The reserve that amount on the Summary of Schedules and Statistical Summary of Certailies | | | | | . 12. \$_ | 7 | ,613.15 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. | ? | | | | | bine thly i | d ncome |
| | | Yes. Explain: | | | | | | | |

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| | | | | | 1 | | | | |
|--|---|--|---|---------------------------|-------------------|-------|------------------|---|--|
| Fill in this informa | ation to identify yo | our case: | | | | | | | |
| Debtor 1 | Thomas A. K | Cotsakis, | Jr. | | Check if this is: | | | | |
| An amended filing | | | | | | | | | |
| Debtor 2 (Spouse, if filing) | Kristin M. Ko | otsakis | | | | | | wing postpetition chapter the following date: | |
| | ruptcy Court for the | : NORTH | IERN DISTRICT OF ILLIN | OIS | | M | M / DD / YYYY | | |
| | | | | | | | | | |
| Case number (If known) | | | | | | | | | |
| Official Fo | orm 106J | | | | • | | | | |
| Schedule | J: Your | Exper | ses | | | | | 12/1 | |
| Be as complete information. If number (if know | and accurate as nore space is ne vn). Answer ever | s possible. eded, atta ry question | If two married people ar ch another sheet to this | | | | | | |
| Part 1: Desc 1. Is this a joi | ribe Your House nt case? | hold | | | | | | | |
| □ No. Go t | | | | | | | | | |
| | es Debtor 2 live i | in a separa | ate household? | | | | | | |
| | | st file Offici | al Form 106J-2, <i>Expenses</i> | s for Separate House | ehold of D | ebtor | · 2. | | |
| 2. Do you hav | e dependents? | □ No | | | | | | | |
| Do not list D | Debtor 1 and | ■ Yes. | Fill out this information for | Dependent's relat | | | Dependent's | Does dependent | |
| Debtor 2. | | | each dependent | Debtor 1 or Debto | r 2 | | age | live with you? | |
| Do not state dependents | | | | Daughter | | | 16 | ■ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | ☐ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | ☐ Yes | |
| | | | | | | | | □ No □ Yes | |
| | penses include | | No | | | | | — 103 | |
| | of people other the | han $_{\square}$ | Yes | | | | | | |
| yoursen ar | nd your depende | 1112 : | | | | | | | |
| Estimate your e | | our bankrı | y Expenses uptcy filing date unless y y is filed. If this is a supp | | | | | | |
| applicable date | | Juniki upto | y io medi ii tiilo io d oupp | nemental co ncaunt | , o, oncon | | box at the top o | | |
| the value of suc | h assistance an | | government assistance i cluded it on <i>Schedule I:</i> \ | | | | Your exp | enses | |
| (Official Form 1 | 061.) | | | | | | Tour Oxp | | |
| 4. The rental payments a | or home owners nd any rent for the | hip expen e ground o | ses for your residence. I r lot. | nclude first mortgage | e 4. | \$ | | 3,200.00 | |
| If not inclu | ded in line 4: | | | | | | | | |
| 4a. Real | estate taxes | | | | 4a. | \$ | | 0.00 | |
| | erty, homeowner's | | | | 4b. | | | 144.00 | |
| | e maintenance, re | • | | | 4c. | | | 250.00 | |
| | eowner's associat | | dominium dues o ur residence, such as ho | me equity loans | 4d. 5. | \$ | | 0.00 | |
| | 5 5 1 | , - | , | , , , | | | | | |

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| • | or 2 Kristin M. Kotsakis | Case num | ber (if known) | |
|---|---|-----------------|----------------|---------------------------------------|
| | Utilities: | | | |
| | 6a. Electricity, heat, natural gas | 6a. | \$ | 400.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 30.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | 400.00 |
| | 6d. Other. Specify: Garbage | 6d. | \$ | 20.00 |
| | Food and housekeeping supplies | 7. | · | 1,500.00 |
| | Childcare and children's education costs | 8. | \$ | 0.00 |
| | Clothing, laundry, and dry cleaning | 9. | | 450.00 |
| | Personal care products and services | 10. | | 250.00 |
| | Medical and dental expenses | 11. | · | 500.00 |
| | Transportation. Include gas, maintenance, bus or train fare. | 11. | Ψ | 500.00 |
| | Do not include car payments. | 12. | \$ | 450.00 |
| | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 250.00 |
| | Charitable contributions and religious donations | 14. | · - | 0.00 |
| | Insurance. | • • • • | <u> </u> | 0.00 |
| • | Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 203.10 |
| | 15b. Health insurance | 15b. | · | 0.00 |
| | 15c. Vehicle insurance | 15c. | · | 71.00 |
| | 15d. Other insurance. Specify: Boat insurance | 15d. | · | 52.00 |
| | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | | | 02100 |
| | Specify: 2012, 2013, 2014, 2015 taxes | 16. | \$ | 1,622.00 |
| | Installment or lease payments: | 4- | Φ. | |
| | 17a. Car payments for Vehicle 1 | 17a. | | 754.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | | 476.25 |
| | 17c. Other. Specify: Boat | 17c. | | 309.00 |
| | 17d. Other. Specify: | 17d. | \$ | 0.00 |
| | Your payments of alimony, maintenance, and support that you did not report | | • | 0.00 |
| | deducted from your pay on line 5, Schedule I, Your Income (Official Form 10 | 61). 18. | · | 0.00 |
| | Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Specify: | 19. | _ | |
| | Other real property expenses not included in lines 4 or 5 of this form or on 3 | | | |
| | 20a. Mortgages on other property | 20a. | · - | 0.00 |
| | 20b. Real estate taxes | 20b. | | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| | Other: Specify: | 21. | +\$ | 0.00 |
| | Calculate your monthly expenses | | | |
| | 22a. Add lines 4 through 21. | | \$ | 11,331.35 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106. | J-2 | \$ | · · · · · · · · · · · · · · · · · · · |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 11,331.35 |
| | , , , | | | 11,001.00 |
| | Calculate your monthly net income. | | | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 7,613.15 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 11,331.35 |
| | 23c. Subtract your monthly expenses from your monthly income. | | • | 0.746.00 |
| | The result is your monthly net income. | 23c. | \$ | -3,718.20 |
| | Do you expect an increase or decrease in your expenses within the year after For example, do you expect to finish paying for your car loan within the year or do you expect modification to the terms of your mortgage? | | | ease or decrease because |
| | _ | | | |
| | ■ No. □ Yes. Explain here: | | | |

| Debtor 1 Thomas A. Kotsakis, Jr. First Name Middle Name Last Name Debtor 2 (Spouse if, filling) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) Check if this | |
|---|-------|
| Debtor 2 (Spouse if, filling) Wristin M. Kotsakis First Name Middle Name Last Name Last Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number | |
| (Spouse if, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number | |
| Case number | |
| | |
| amended fi | |
| Official Form 106Dec Declaration About an Individual Debtor's Schedules | 12/15 |
| If two married people are filing together, both are equally responsible for supplying correct information. | |
| You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing proportion of the property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Sign Below | |
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | |
| Yes. Name of person Attach Bankruptcy Petition Prepara Declaration, and Signature (Official | |
| Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct. | |
| X /s/ Thomas A. Kotsakis, Jr. X /s/ Kristin M. Kotsakis | |
| Thomas A. Kotsakis, Jr. Kristin M. Kotsakis | |
| Horida A. Notadnia, Jl. Nitalii W. Notadnia | |
| Signature of Debtor 1 Signature of Debtor 2 | |

| Fill in this int | iormation to identify you | r 00001 | | | |
|---|--|--|---|--|---|
| Debtor 1 | ormation to identify you Thomas A. Kots | | | | |
| Debior | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | Kristin M. Kotsa | Middle Name | Last Name | | |
| | | | | | |
| United States | Bankruptcy Court for the: | NORTHERN DISTRICT O | FILLINOIS | | |
| Case number (if known) | | | | | theck if this is an mended filing |
| Stateme | | Affairs for Individ | | | 4/16 |
| information. number (if kn Part 1: Giv 1. What is y | If more space is needed, own). Answer every quested to be tails About Your Marour current marital statu | attach a separate sheet to t stion. arital Status and Where You | his form. On the top of an | equally responsible for sup y additional pages, write you | |
| 2. During th | ne last 3 vears, have you | lived anywhere other than w | where you live now? | | |
| _ | | | | | |
| □ No ■ Ves | List all of the places you l | lived in the last 3 years. Do no | t include where you live nov | v | |
| | | · | · | | |
| Debtor 1 | Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ldress: | Dates Debtor 2 lived there |
| | k Street a, IL 60134 | From-To: 05/2005-08/201 | Same as Debtor | 1 | Same as Debtor 1 From-To: |
| No Yes. Part 2 Ex 4. Did you I Fill in the If you are | Make sure you fill out Sci plain the Sources of You nave any income from en total amount of income yo | ulifornia, Idaho, Louisiana, Nev hedule H: Your Codebtors (Off ur Income | rada, New Mexico, Puerto R ricial Form 106H). g a business during this y ll businesses, including part | | /isconsin.) |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | y 1 of current year until filed for bankruptcy: | ☐ Wages, commissions, bonuses, tips | \$0.00 | ■ Wages, commissions, bonuses, tips | \$60,961.00 |
| | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

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Page 47 of 69 Document Thomas A. Kotsakis, Jr. Debtor 1 Kristin M. Kotsakis Debtor 2 Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$0.00 \$278,069.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2015) bonuses, tips bonuses, tips ☐ Operating a business Operating a business For the calendar year before that: \$0.00 \$275,308.00 □ Wages, commissions, Wages, commissions, (January 1 to December 31, 2014) bonuses, tips bonuses, tips Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. Debtor 1 Debtor 2 Sources of income Sources of income **Gross income Gross income from** Describe below. Describe below. each source (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? \square No. Go to line 7. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

| Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this payment for |
|---|------------------------------|-------------------|----------------------|--|
| Wolfgang Management LLC 5N879 Fairway Drive Saint Charles, IL 60175 | 01/2016, 12/2015, 11/2015 | \$9,600.00 | \$0.00 | ☐ Mortgage ☐ Car ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Rent |

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| Deb | otor 2 Kristin M. Kotsakis | | Cas | e number (if known) | | |
|-----|--|--|--|---------------------------------------|---------------------------------|--|
| 7. | Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. A alimony. | artners; relatives of any gen n control, or owner of 20% o | eral partners; partne r more of their voting | rships of which you securities; and a | u are a genera ny managing a | al partner; corporations gent, including one for |
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost | | ments or transfer a | ny property on a | ccount of a de | ebt that benefited an |
| | No | | | | | |
| | ☐ Yes. List all payments to an insider Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name |
| Par | t 4: Identify Legal Actions, Repossessio | ns. and Foreclosures | • | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| | First Merchants Bank, NA v. Performance Car Wash & Detail, Inc, Kristin M. Kotsakis, Thomas A. Kotsakis, Jr, et al 2015 CH 242 | Foreclosure on 2705 Foxfield Road, St. Charles, IL 60174 | Circuit Court of County 37W777 Route Saint Charles, I | 38 | ☐ Pending ☐ On appe ☐ Conclud | |
| | Citizens Bank v. Kristin Kotsakis, et al 2013 CH 3178 | Foreclosure on 304 Oak Street, Glen Ellyn, IL 60137 | DuPage County 505 N. County I Wheaton, IL 60 | Farm Road | ☐ Pending ☐ On appe ☐ Conclud | |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo No. Go to line 11. Yes. Fill in the information below. | | erty repossessed, fo | oreclosed, garnis | shed, attached | I, seized, or levied? |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | Citizens Bank, NA 10 Tripps Lane Riverside, RI 02915 | Explain what happened 304 Oak Street, Glen ☐ Property was reposse ☐ Property was foreclos ☐ Property was garnishe | Ellyn, IL 60137 ssed. ed. ed. | 11/20 | 014 | \$990,000.00 |
| | | ☐ Property was attached | d, seized or levied. | | | |

Thomas A. Kotsakis, Jr.

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Page 49 of 69 Document Debtor 1 Thomas A. Kotsakis, Jr. Debtor 2 Kristin M. Kotsakis Case number (if known) **Creditor Name and Address** Describe the Property Date Value of the property **Explain what happened** First Merchants Bank NA 2705 Foxfield Road, St. Charles, IL 60174 12/2015 \$310,000.00 □ Property was repossessed. Property was foreclosed. ☐ Property was garnished. □ Property was attached, seized or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Amount Date action was 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Nο Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Value Dates you more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No ☐ Yes. Fill in the details.

Describe any insurance coverage for the loss

Include the amount that insurance has paid. List pending insurance claims on line 33 of *Schedule A/B: Property*.

Describe the property you lost and

how the loss occurred

Value of property

lost

Date of your

loss

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Debtor 1 Thomas A. Kotsakis, Jr. Debtor 2 Kristin M. Kotsakis

Case number (if known)

| Par | 17: List Certain Payments or Transfers | | | | | | | | | | |
|-----|---|---|-----------------------------------|----------------|---|---|--|--|--|--|--|
| 16. | Within 1 year before you filed for bankruptc consulted about seeking bankruptcy or prepresented any attorneys, bankruptcy petition prep | paring a bankruptcy p | etition? | | | erty to anyone you | | | | | |
| | □ No | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and transferred | d value of any prope | rty | Date payment or transfer was made | Amount of payment | | | | | |
| | Anderson & Associates, P.C. 400 S. County Farm Rd. Suite 320 Wheaton, IL 60187 | Attorney Fees | S | | 02/11/2016 | \$2,500.00 | | | | | |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | | | | |
| | ■ No | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | Person Who Was Paid Description and value of any property or transfer was property transfer was property made | | | | | | | | | | |
| | Within 2 years before you filed for bankrupte transferred in the ordinary course of your be Include both outright transfers and transfers ma include gifts and transfers that you have alread | usiness or financial a ade as security (such a | Iffairs? Is the granting of a sec | | | | | | | | |
| | No | | | | | | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | Person Who Received Transfer Address | | property transferred payments | | ny property or received or debts change | Date transfer was made | | | | | |
| | Person's relationship to you | | | • | | | | | | | |
| 19. | Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro No Yes. Fill in the details. | | any property to a sel | lf-settled tru | st or similar device | of which you are a | | | | | |
| | Name of trust | Description and | d value of the proper | ty transferre | ed | Date Transfer was made | | | | | |
| Par | List of Certain Financial Accounts, Ins | struments, Safe Depo | sit Boxes, and Stora | ge Units | | | | | | | |
| 20. | Within 1 year before you filed for bankrupto; sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc ☐ No | or other financial acco | ounts; certificates of | | • | , , | | | | | |
| | Yes. Fill in the details. | | | | | | | | | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of account instrument | clos | e account was sed, sold, ved, or | Last balance before closing of transfer | | | | | |

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Debtor 1 Thomas A. Kotsakis, Jr.

Debtor 2 Kristin M. Kotsakis Case number (if known)

Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance

| | Alexis Kotsakis 218 Regency Court West | Chase Bank | | Joint acc | count with Debtor | \$50.00 |
|-----|--|--|---|-------------|---|--------------------------------|
| | Illinois Bass Anglers | TCF Bank | | \$1,100.00 | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the pro (Number, Street, City Code) | Describe the property , State and ZIP | | Value | |
| | □ No■ Yes. Fill in the details. | | | | | |
| 23. | Do you hold or control any property that s for someone. | omeone else owns? Ind | clude any proper | ty you borr | owed from, are storing f | or, or hold in trust |
| Pai | t 9: Identify Property You Hold or Control | ol for Someone Else | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has of to it? Address (Number State and ZIP Code) | | Describe | the contents | Do you still have it? |
| | ■ No □ Yes. Fill in the details. | | | | | |
| 22. | Have you stored property in a storage unit | t or place other than yo | ur home within 1 | year befor | e you filed for bankrupto | cy? |
| | STC Capital Bank 2825 Foxfield Road Saint Charles, IL 60174 | Thomas and M Kotsakis | Kristin | | tificates, passports, anning documents | □ No ■ Yes |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had ac Address (Number State and ZIP Code) | , Street, City, | | the contents | Do you still have it? |
| | Yes. Fill in the details. | | | | | |
| | □ No | | | | | |
| 21. | Do you now have, or did you have within a cash, or other valuables? | l year before you filed f | or bankruptcy, a | ny safe dep | posit box or other depos | itory for securities, |
| | | | ☐ Brokerage ☐ Other | | | |
| | STC Capital Bank 2825 Foxfield Road Saint Charles, IL 60174 | XXXX-3480 | ■ Checking□ Savings□ Money Ma | rket | January 2016 | \$0.00 |
| | Code) | | _ | | moved, or transferred | transfer |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP | Last 4 digits of account number | Type of acco | unt or | Date account was closed, sold, | Last balance before closing or |

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Debtor 1 Thomas A. Kotsakis, Jr. Debtor 2 Kristin M. Kotsakis

Case number (if known)

| Part 10: | Give Details | About Environmental | Information |
|----------|---------------------|----------------------------|-------------|
|----------|---------------------|----------------------------|-------------|

| For | the purpose of Part 10, the following definitions a | apply: | | | | | |
|-----|---|--|--------------------------------------|--------------------|--|--|--|
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous of toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of when t | they occurred. | | | | |
| 24. | Has any governmental unit notified you that you | ı may be liable or potentially liable u | ınder or in violation of an environm | ental law? | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any ■ No □ Yes. Fill in the details. | release of hazardous material? | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or adminis ■ No □ Yes. Fill in the details. | strative proceeding under any enviro | onmental law? Include settlements | and orders. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Pa | rt 11: Give Details About Your Business or Con | nections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, d | lid you own a business or have any | of the following connections to any | y business? | | | |
| | ☐ A sole proprietor or self-employed in a to | rade, profession, or other activity, e | ither full-time or part-time | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing executi | ive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |

Business Name

(Number, Street, City, State and ZIP Code)

Address

Describe the nature of the business

Yes. Check all that apply above and fill in the details below for each business.

Name of accountant or bookkeeper

Employer Identification number Do not include Social Security number or ITIN.

Dates business existed

☐ No. None of the above applies. Go to Part 12.

Case 16-14575 Doc 1 Filed 04/29/16 Entered 04/29/16 09:29:09 Desc Main Page 53 of 69 Document Thomas A. Kotsakis, Jr. Debtor 1 Debtor 2 Kristin M. Kotsakis Case number (if known) Describe the nature of the business **Employer Identification number Business Name** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Performance Car Wash & Detail EIN: 45-1999954 Car wash and detailing 2705 Foxfield Road From-To 07/15/2011-01/2016 Saint Charles, IL 60174 **Michael Martin Midvalley Accounting** 610 S. Third Street Geneva, IL 60134 **Michael Mahoney** 416 E. Roosevelt Rd, #110 Wheaton, IL 60187 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) 2014 Michael Martin Midvalley Accounting 610 S. Third Street Geneva, IL 60134 **Michael Mahoney** 2011, 2012, 2013 416 E. Roosevelt Road, #110 Wheaton, IL 60187 First Merchant Bank, N.A. Yearly 5311 Hohman Hammond, IN 46320 Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers 18 U.S.C. §§ 152, 1341, 1519, and 3571.

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

| /s/ Thomas A. Kotsakis, Jr. Thomas A. Kotsakis, Jr. Signature of Debtor 1 | Kristi | istin M. Kotsakis n M. Kotsakis ture of Debtor 2 |
|---|------------------|--|
| Date April 29, 2016 | Date | April 29, 2016 |
| Did you attach additional pages to Your Statement No Yes | t of Financial A | Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| Did you pay or agree to pay someone who is not an No | n attorney to I | help you fill out bankruptcy forms? |
| Yes. Name of Person Attach the Bankrupto | cy Petition Prep | parer's Notice, Declaration, and Signature (Official Form 119). |

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| Fill in this inform | nation to identify your case: | | |
|--------------------------------------|--|--|---|
| Debtor 1 | Thomas A. Kotsakis, Jr. | | |
| | | e Name Last Name | |
| Debtor 2 | Kristin M. Kotsakis | | |
| (Spouse if, filing) | First Name Middle | e Name Last Name | |
| United States Bar | nkruptcy Court for the: NORTHE | RN DISTRICT OF ILLINOIS | |
| Case number | | | |
| (if known) | | | Check if this is an amended filing |
| Official For | | ndividuals Filing Under Chapte | e r 7 12/15 |
| | ridual filing under chapter 7, you claims secured by your property | | |
| you have lease You must file this | ed personal property and the leas form with the court within 30 day ver is earlier, unless the court ext | | |
| | ople are filing together in a joint o | case, both are equally responsible for supplying correct in | formation. Both debtors must |
| write yo | ur name and case number (if kno | • | he top of any additional pages, |
| | ur Creditors Who Have Secured (| | (OC) : 1.5 (OC) (III : 4 |
| 1. For any credito | | edule D: Creditors Who Have Claims Secured by Property | (Official Form 106D), fill in the |
| | ditor and the property that is collate | eral What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? |
| _ | M Financial | ☐ Surrender the property. | □ No |
| name: | | Retain the property and redeem it. | ■ Yes |
| Description of | 2015 Nissan Murano | Retain the property and enter into a Reaffirmation Agreement. | - res |
| property securing debt: | | Retain the property and [explain]: | _ |
| | tleMax | ☐ Surrender the property. | □ No |
| name: | | Retain the property and redeem it. | = |
| Description of | 2003 Toyota Sequoia | Retain the property and enter into a Reaffirmation Agreement. | Yes |
| property securing debt: | | ☐ Retain the property and [explain]: | _ |
| Creditor's U | S Bank | ☐ Surrender the property. ☐ Retain the property and redeem it. | □No |
| Description of | 2005 Triton TR21 | Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| | Bass Boat, 21.6 foot, Triton TR21 (in need of \$5,578.75 in | • | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debtor 1 Debtor 2 | Thomas A. Kotsakis, Jr. Kristin M. Kotsakis | Case number (if known) | |
|---|--|---|---------------------------------|
| propert securin | . , | ☐ Retain the property and [explain]: | |
| For any ur in the info | rmation below. Do not list real | Property Leases ase that you listed in Schedule G: Executory Contracts and Unexpired I estate leases. Unexpired leases are leases that are still in effect; the I property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2) | lease period has not yet ended. |
| Describe | your unexpired personal prop | perty leases | Will the lease be assumed? |
| Lessor's n Descriptio Property: | name: n of leased | | □ No |
| Lessor's n Descriptio Property: | name: n of leased | | □ No |
| Lessor's n Descriptio Property: | name: n of leased | | □ No |
| Lessor's n Descriptio Property: | name: n of leased | | □ No |
| Lessor's n Description Property: | name: n of leased | | □ No |
| Lessor's n Description Property: | name: n of leased | | □ No |
| Lessor's n Description Property: | name: n of leased | | □ No |
| Under per property t X /s/ T Tho | Sign Below alty of perjury, I declare that I hat is subject to an unexpired homas A. Kotsakis, Jr. mas A. Kotsakis, Jr. ature of Debtor 1 | have indicated my intention about any property of my estate that sec lease. X /s/ Kristin M. Kotsakis Kristin M. Kotsakis Signature of Debtor 2 | ures a debt and any personal |
| Date | | Date April 29, 2016 | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-14575 Doc 1 Filed 04/29/16 Entered 04/29/16 09:29:09 Desc Main Document Page 60 of 69

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In | Thomas A. Kotsakis, Jr. re Kristin M. Kotsakis | | Case No. | | |
|-----|--|---|--|---------------------------------|---------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPENS | SATION OF ATTO | RNEY FOR D | EBTOR(S) | |
| 1. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b) compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of the debtor of the d | of the petition in bankruptcy | , or agreed to be paid | I to me, for services rendered | or to |
| | For legal services, I have agreed to accept | | \$ | 2,500.00 | |
| | Prior to the filing of this statement I have received | | \$ | 2,500.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 3. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compens | sation with any other person | unless they are mer | nbers and associates of my law | / firm. |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names | | | | . A |
| 5. | In return for the above-disclosed fee, I have agreed to rende | er legal service for all aspec | ts of the bankruptcy | case, including: | |
| | a. Analysis of the debtor's financial situation, and renderin b. Preparation and filing of any petition, schedules, statem c. Representation of the debtor at the meeting of creditors d. [Other provisions as needed] Negotiations with secured creditors to red reaffirmation agreements and applications 522(f)(2)(A) for avoidance of liens on house | ent of affairs and plan which and confirmation hearing, a uce to market value; ex as needed; preparation | n may be required; and any adjourned he emption planning | arings thereof; | F |
| 6. | By agreement with the debtor(s), the above-disclosed fee de Representation of the debtors in any disch any other adversary proceeding. | nes not include the following argeability actions, judi | g service: icial lien avoidan | es, relief from stay action | ıs or |
| | | CERTIFICATION | | | |
| thi | I certify that the foregoing is a complete statement of any as bankruptcy proceeding. | greement or arrangement for | payment to me for | representation of the debtor(s) | in |
| | April 29, 2016 | /s/ Dennise L. Mo | :Cann | | |
| | Date | Dennise L. McCa Signature of Attorne | | | |
| | | Anderson & Ass | | | |
| | | 400 S. County Fa | rm Rd. | | |
| | | Suite 320 Wheaton, IL 6018 | 87 | | |
| | | (630) 653-9400 F | | 0 | |
| | | Name of law firm | <u> </u> | | |

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Anderson & Associates, P.C.

Jonathan G. Anderson Dennise L. McCann Christopher J. Maurer Robert J. Boszko Rebecca L. Zeilenga Kiley M. Whitty Sarah A. Nolan Christin A. Handa Jane E. Penley Kelly L. Petersen

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July 2, 2014

Thomas & Kristin Kotsakis 304 Oak Street Glen Ellyn, IL 60137

Re:

Chapter 7 Bankruptcy

Dear Mr. & Mrs. Kotsakis:

This letter will confirm the fee agreement between yourself and ANDERSON & ASSOCIATES, P.C. ("the Firm") regarding our legal representation of you with regard to your Chapter 7 bankruptcy proceeding. In order to properly represent you we will need the following documentation from you, if applicable:

- a) Complete disclosure by you to the Firm regarding your debts, assets and financial affairs;
- b) Copies of check stubs for your income of any kind during the last six (6) months;
- c) Copies of your W-2's and tax returns for the last two (2) years;
- A current credit report from one of the three (3) providers of the same;
- e) Copies of your bills for the last three (3) months, including but not limited to credit cards, mortgages, utility bills, car payments, student loans, tax bills, etc.;
- f) A copy of a Comparative Market Analysis or Appraisal of your home prepared within the past year;
- g) A copy of your residential lease reflecting your landlords' information and any security deposit they may be holding;

- h) A copy of a Kelly Blue Book appraisal for any vehicles you may own; and,
- i) Copies of bank statements for the past six (6) months.

Once the above documentation is received, the Firm will be able to prepare your bankruptcy petition and properly represent you.

The fee for our service in a Chapter 7 bankruptcy is \$2,500.00 and \$335.00 for the filing fee. Anderson & Associates, P.C. acknowledges receipt of a \$1,000.00 non-refundable fee to calculate the current monthly income and means test based on the information provided by you. In the event you file for Chapter 7, the \$1,000.00 fee will be applied against any fees due. Your petition will not be filed until such time as all fees are paid in full. The attorneys' fees quoted are for a "normal" bankruptcy, i.e. one in which we:

- a) prepare and file one draft of your Bankruptcy Petition and supporting documentation;
- b) attend the first meeting of creditors with you;
- c) are not required to defend you against legal challenges to your Petition in the bankruptcy court by your creditors or the bankruptcy trustee or U.S. trustee's office; and
- d) are given accurate and complete information as to your financial situation, debts and assets.

In the event additional services are required, we will need an additional retainer. The client understands that no petition will be filed unless all documents are provided and the fees are paid in full.

Once your Petition is filed, the Court schedules a **Creditors' Meeting**, at which you will be examined by the Bankruptcy Trustee about the contents and accuracy of your Petition. This meeting is generally held four to six weeks after the filing of your Petition. Creditors may attend, and they may also ask questions (though most creditors do not). We will discuss what you can expect at the creditors' meeting in more detail once it is scheduled.

Some of your creditors may offer you a Reaffirmation Agreement. This is a new contract between you and the creditor in which you agree to keep paying the debt; the debt is thus not discharged (i.e. forgiven) in the bankruptcy. Subsequent breach of a reaffirmation agreement by you will allow the creditor to take collection action available to them under the law. Our services in negotiating Reaffirmation Agreements and appearing at Court hearings

regarding such agreements are excluded from this retainer, if these services are required, we will negotiate a separate retainer for those services.

Please acknowledge receipt of this letter and agreement with its terms by counter-signing below. Thank you for allowing us to be of assistance.

| Very truly yours, | |
|-------------------|---------------------------|
| Humsed Wa | |
| Dennise L. McCann | |
| Agreed to: | |
| Thomas Kotsakis | Date |
| Kristin Kotsakis | <u>07/02/2019</u> Date |

DLM/kr

United States Bankruptcy Court Northern District of Illinois

| In re | Thomas A. Kotsakis, Jr. Kristin M. Kotsakis | | Case No. | |
|-------|---|---|------------------|---------------------------|
| | - NIOMI III. NOOMIO | Debtor(s) | Chapter | 7 |
| | VER | RIFICATION OF CREDITOR M | ATRIX | |
| | | Number of | Creditors: _ | 47 |
| | The above-named Debtor(s) h (our) knowledge. | nereby verifies that the list of credit | tors is true and | correct to the best of my |
| Date: | April 29, 2016 | /s/ Thomas A. Kotsakis, Jr. Thomas A. Kotsakis, Jr. Signature of Debtor | | |
| Date: | April 29, 2016 | /s/ Kristin M. Kotsakis Kristin M. Kotsakis Signature of Debtor | | |

All City Environmental Services 927 W. 49th Pl. Chicago, IL 60609

Bank of America PO Box 982235 El Paso, TX 79998

Bank of America PO BOX 15028 Wilmington, DE 19850-5028

Best Buy Credit Services PO Box 688910 Des Moines, IA 50368-8910

Bochte, Kuzniar & Navigato, LLP 2580 Foxfield Road, Suite 200 Saint Charles, IL 60174

BP Cardmember Services PO BOX 15123 Wilmington, DE 19850-5123

BP PLCC & Visa PO BOX 965006 Orlando, FL 32896-5006

Capital One PO Box 6492 Carol Stream, IL 60197-6492

Central Dupage Hospital P.O. Box 4090 Carol Stream, IL 60197

Cintas 421 S. Irmen Dr Addison, IL 60101

CitiCards Processing Center Des Moines, IA 50363-0005 City of St. Charles 2 East Main St. Saint Charles, IL 60174

Client Services, Inc. 3451 Harry S. Truman Blvd Saint Charles, MO 63301

Comcast P.O. Box 3001 Southeastern, PA 19398

ComEd P.O. Box 6111 Carol Stream, IL 60197

Contract Callers Inc. 501 Greene Street, 3rd Floor Suite 302 Augusta, GA 30901

Credit Protection Association 13355 Norel Road, Suite 2100 Dallas, TX 75204

Discover PO Box 6103 Carol Stream, IL 60197-6103

DuPage Medical Group 15921 Collections Center Drive Chicago, IL 60693

EIS Collections PO Box 1730 Reynoldsburg, OH 43068

Fifth Third Bank PO Box 740789 Cincinnati, OH 45274-0789

Fifth Third Bank 5050 Kingsley Dr. Cincinnati, OH 45227

First Merchant Bank, N.A. 5311 Hohman Hammond, IN 46320

Firstsource Advantage LLC 205 Bryant Woods South Amherst, NY 14228

GM Financial PO Box 183834 Arlington, TX 76096-3834

Grange Insurance 4525 Weaver Pkwy Ste. 220 Warrenville, IL 60555

Hewitt Associates

Internal Revenue Service Centralized Insolvency Operations P.O. Box 7346 Philadelphia, PA 19101-7346

Macy's PO BOX 78008 Phoenix, AZ 85062-8008

MDB Car Wash Solutions, LLC 1027 Spire Dr. Prescott, AZ 86305

Mendel Plumbing and Heating 3n640 17th St. Saint Charles, IL 60174

Morgan Stanley Smith Barney LLC 1 New York Plaza, 5th Floor New York, NY 10004

Nationwide Credit & CO 815 Commerce Dr Ste 270 Oak Brook, IL 60523 Nicor PO Box 5407 Carol Stream, IL 60197

Nordstrom PO BOX 79134 Phoenix, AZ 85062-9134

Performance Car Wash and Detail Inc 218 Regency Court W Saint Charles, IL 60175

Personnel Concepts, Inc. PO Box 5750 Carol Stream, IL 60197

Portfolio Recovery 120 Corporate Blvd. Norfolk, VA 23502

Sears Credit Cards PO BOX 6282 Sioux Falls, SD 57117-6282

Shannon L. Noder Krieg DeVault LLP 30 N. LaSalle, Suite 2800 Chicago, IL 60602

Shell PO BOX 6406 Sioux Falls, SD 57117

TitleMax 2015 W. Main Street Saint Charles, IL 60174

U.S. Dept. of Labor-OSHA

US Bank PO BOX 790179 Saint Louis, MO 63179-0179

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Vaughan Industries 8490 Lyndon St. Detroit, MI 48238

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